Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1989

Department of Health and Fitness

90-05408/

To His Honour,
The Honourable Lloyd Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1989.

I have the honour to be, Sir,

Your most obedient servant,

David Nantes,
Minister of Health and Fitness

To the Honourable David Nantes,
Minister of Health and Fitness,
Province of Nova Scotia

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1989.

I have the honour to be, Sir,

Your obedient servant,

Wayne J. Grady

Wayne J. Grady,
Deputy Minister

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DEPARTMENT OF HEALTH AND FITNESS

This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various divisions within the Department. It is intended to give a brief overview of the Department's activities in the province during the year 1988-89.

For the fiscal year 1988-89 the Department of Health and Fitness organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	–	Health Care Institutions
Administrator	–	Psychiatric Mental Health Services
Administrator	–	Community Health Services
Administrator	–	Finance
Administrator	–	Information Systems & Research
Director	–	Vital Statistics
Director	–	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The Division is responsible for the Department's programs and services to health care institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring of general hospital operations and standards
- review of availability, accessibility and utilization of hospital services by the community
- hospital services planning
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals

The province, for the purposes of planning and reviewing hospital services, is divided into nine regions. Three regional directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to Glace Bay General, Glace Bay Community, Dartmouth General and Aberdeen hospitals during this period. Team visits begin with a review and clarification of hospital performance on a department-by-department basis. During the visit the Department of Health and Fitness is represented by the administrator, the regional director, and the staff consultants from the Health Care Institutions, Finance, and Systems Research Divisions. Along with the hospital administrator and department heads, the hospital is also usually represented by board members and medical staff who attend all or part of the sessions. These visits continue to be well received as they assist in clarifying the hospital's role and identifying problem areas, and they provide an open forum for discussion and understanding between the Department of Health and Fitness and the hospital.

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Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital and/or the Department of Health and Fitness. Every effort is made to keep close contact with hospitals so that a clear understanding of the situations faced by hospitals and the Department is maintained and problems are resolved.

The Department issued program guidelines for Day Hospital Services, Palliative Care Programs and the Disposal of Bio-medical Waste. The latter guideline was developed by the Council of Teaching Hospitals for the Departments of Health and Fitness and Environment. Departmental staff are monitoring hospital operations to ensure compliance.

The Division commenced a pilot project in Pictou County to explore ways of encouraging organ donation. Results of this study will be available in 1989.

The Department also initiated the implementation of a province-wide Nursing Workload Measurement System for larger institutions. This system will provide hospital staff with improved information for management of nursing resources and will assist the province in the introduction of the National Management Information System.

A number of hospitals are planning or are completing improvements to their facilities.

Construction was completed for:

- Guysborough Memorial Hospital (replacement)
- Digby General Ambulatory Care
- South Shore Regional Hospital

Construction started on the following new hospitals:

- Bayview Memorial Hospital (completion 1989)
- Grace Maternity Hospital (completion 1991)
- Valley Health Services (completion 1991)
- New Waterford Out-patient Services (completion 1989)

Construction continued on:

St. Martha's Regional (replacement) (completion 1989)
Dartmouth General Expansion (completion 1989)
Nova Scotia Rehabilitation Centre (completion 1989)
Queens General Ambulatory Wing (completion 1989)

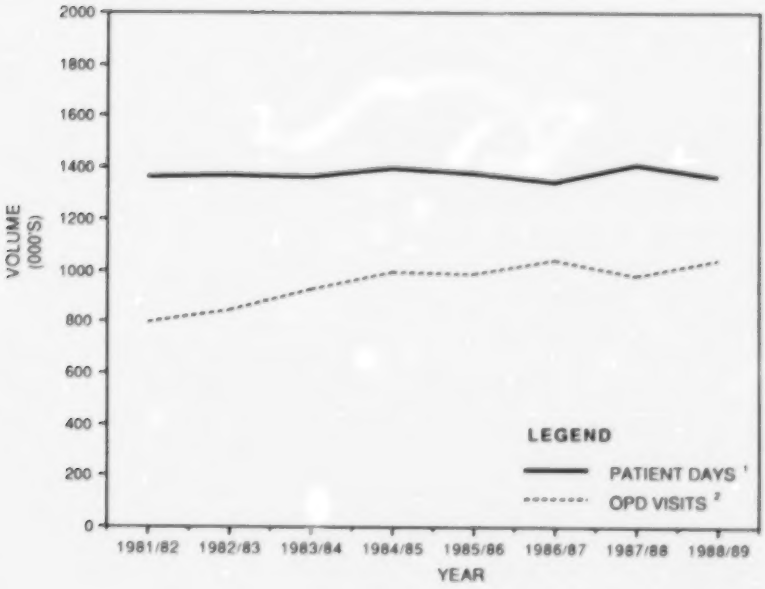
A number of initiatives to improve efficiency of hospital operations were commenced in this period.

A merger of Camp Hill and Halifax Infirmary hospitals and initiatives for shared services between the Grace and the Izaak Walton Killam Hospital for Children occurred.

Regional voluntary planning initiatives started in industrial Cape Breton and in Halifax have brought the Department and hospitals together to examine areas where improved cooperation between institutions will result in better health care for the available resources. Multi-hospital planning studies were also commenced in Digby and Annapolis counties and were continued for northern Inverness and Victoria counties.

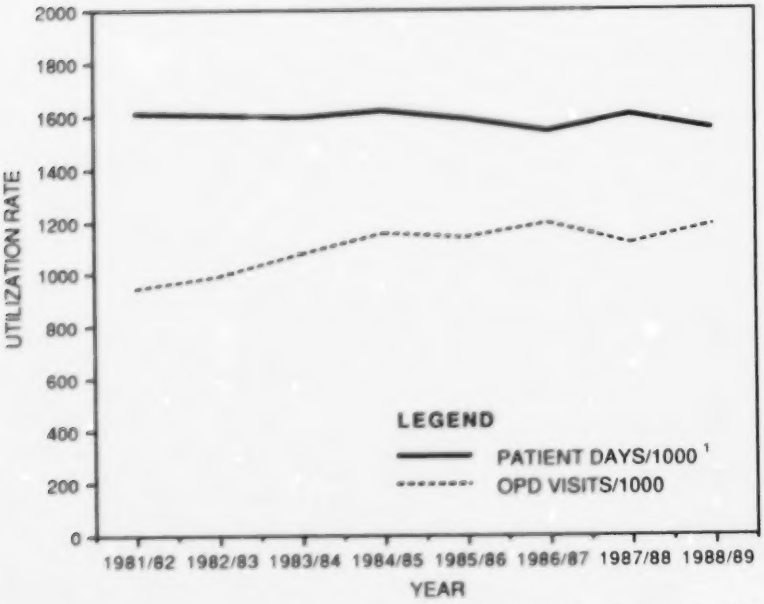
Use of in-patient and out-patient hospital services per 1000 population from 1981-82 to 1988-89 is shown on the two following graphs. The total number of patient days in hospital and out-patient (OPD) visits to hospital are shown in the first graph. The second graph shows the same information in terms of days and visits per 1000 Nova Scotians in each year. Out-patient visits continue to grow, reflecting both new services offered by hospitals and some substitution of newer treatments for treatments that would have required admission to hospitals in the past. A slight decline in the number of patient days reflects the substitution of out-patient for in-patient services and other changes in medical practice such as the increasing use of day surgery. The third graph shows the trend towards a greater use of day surgery.

HOSPITAL SERVICES — UTILIZATION
1981/82 — 1988/89



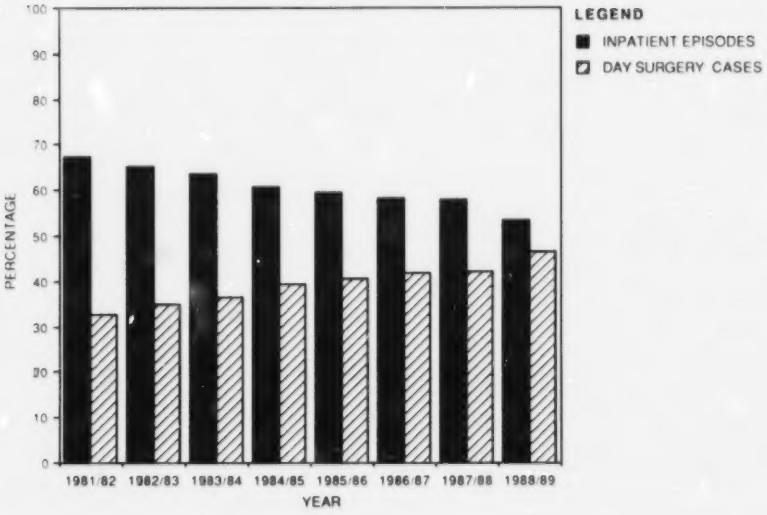
1. A & C Days at General Hospital
2. Organized OPD & Emergency Visits

HOSPITAL SERVICES — RATES/1000 POP.
1981/82 — 1988/89



1. About 3.5% of patient days are by non-residents of N.S.

SURGICAL UTILIZATION
1981/82 — 1988/89



PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

The Psychiatric Mental Health Services Division provides overall planning and is responsible for the development of comprehensive mental health services on a decentralized basis throughout the province. This continuum of service provides for psychiatric in-patient care, out-patient services and partial hospitalization. It is the goal of the Division of Psychiatric Mental Health Services to have all of these services available in each region of the province.

In this regard, the Division approves all budgets for psychiatric facilities and psychiatric services included in the non-portable section of the budgets of general hospitals. The Division also funds the Psychiatric Facilities Review Board and the Metropolitan Mental Health Planning Board (an advisory body on mental health services in the Metropolitan Halifax/Dartmouth area). The Division evaluates and approves new construction, monitors standards and provides consultative services, staff training and development funding.

Psychiatric Mental Health Services currently consist of two psychiatric hospitals, the Atlantic Child Guidance Centre, and psychiatric mental health units located in regional hospitals and in tertiary care hospitals, including the Victoria General Hospital, Izaak Walton Killam Hospital and Camp Hill Medical Centre.

The following chart indicates the location of services available and those being planned.

PSYCHIATRIC MENTAL HEALTH SERVICES
Province of Nova Scotia

Facility	Inpatient Services	Partial Hospitalization	Outpatient Services	Satellite Clinics
Aberdeen Regional Hospital	Being Planned	Being Planned	Yes	Yes
Atlantic Child Guidance Centre	No	No	Yes	Yes
Camp Hill Medical Centre	Yes	Yes	Yes	Yes
Cape Breton Hospital	Yes	Yes	Yes	Yes
Colchester Regional Hospital	Being Planned	Yes	Yes	No
Izaak Walton Killam Hospital	Yes	No	Yes	No
Highland View Regional Hospital	No	Yes	Yes	Yes
Nova Scotia Hospital	Yes	Yes	Yes	Yes
St. Martha's Regional Hospital	Yes	Being Planned	Yes	Yes
South Shore Regional Hospital	Yes	Being Planned	Yes	Yes
Valley Health Services Association	Yes	Yes	Yes	Yes
Victoria General Hospital	Yes	No	Only Specialized Services	No
Yarmouth Regional Hospital	Yes	Yes	Yes	Yes

The Division, in conjunction with the Division of Family and Children's Services (Department of Community Services), is pleased to announce the appointment of two Co-ordinators for Children and Adolescent Services to report to the Departments of Health and Fitness and Community Services.

The principal highlights of the year were as follows:

ABERDEEN HOSPITAL

A proposal developed by the Children's Aid Society of Pictou County and the Department of Psychiatry and Mental Health Services for a Crisis Centre for Children and Adolescents has been approved.

ATLANTIC CHILD GUIDANCE CENTRE

The Centre continues to be an active participant in the Metropolitan Inter Facility Referral Review or Redirection (MIRROR) Committee. The two new Co-ordinators of Children and Adolescent Services will be looking at the metropolitan service delivery system to children and adolescents, in order to explore ways of maximizing the contribution of the highly trained professionals at this Centre.

CAPE BRETON HOSPITAL

Planning continues for psychiatric mental health services in the new regional hospital for Cape Breton. A proposal is being developed by the Children's Aid Society in conjunction with the hospital for a Crisis Service for children and adolescents.

CAMP HILL HOSPITAL

The out-patient department continues to assess a large number of new patients per month. A second partial hospitalization facility for actively chronically ill adults is being proposed.

COLCHESTER REGIONAL HOSPITAL

Planning continues for the regional hospital which will include a psychiatric in-patient unit to complement the present out-patient and partial hospitalization programs.

HIGHLAND VIEW REGIONAL HOSPITAL

This facility continues to provide out-patient services to operate satellites in South Cumberland and All Saints Hospitals and a visiting team to Parrsboro. In addition, partial hospitalization services are provided. This is the original partial hospitalization program in the province.

IZAAK WALTON KILLAM HOSPITAL

The Department of Psychiatry is the main teaching unit for child and adolescent psychiatry. Staff of this Department have been providing ongoing regular consultation services to some of the regional hospital services that require this assistance.

NOVA SCOTIA HOSPITAL

The plans for a new extended care facility on the hospital grounds have been approved. A role study of the hospital is in progress.

ST. MARTHA'S HOSPITAL

Construction has been completed on the new regional hospital and the psychiatric in-patient unit is scheduled to open in May 1989.

SOUTH SHORE REGIONAL HOSPITAL

Construction has been completed on the new regional hospital. The psychiatric in-patient unit was opened in February 1989. A partial hospitalization program is being planned.

VALLEY HEALTH SERVICES ASSOCIATION

Construction of the new regional hospital in Kentville is underway and will include a psychiatric in-patient unit. At present there are two partial hospitalization programs; one for active treatment and one for long-term patients.

VICTORIA GENERAL HOSPITAL

The in-patient unit is continuing to provide specialized programs for persons with eating disorders and refractory depression. A neuropsychiatry program is being developed. Consultation/liaison service available to the other areas of the hospital is being strengthened.

YARMOUTH REGIONAL HOSPITAL

The psychiatric in-patient unit has been expanded and the hospital is planning to become a designated facility under the definition in the Hospitals Act.

METROPOLITAN MENTAL HEALTH PLANNING BOARD

The MMHPB has approximately 15 committees and sub-committees meeting on a regular basis. These committees have identified priorities for new developments in mental health services in metro. A review of the role and mandate of MMHPB is underway.

CANADIAN MENTAL HEALTH ASSOCIATION

A joint committee has been formed with C.M.H.A. and the Division to review and develop the role of the Mental Health Advisory Committees to each facility.

STATISTICS

The Division has formed a steering committee to develop a system for data collection on all patients. In addition, facilities have been encouraged to look at workload measurement systems.

SENIOR STAFF MEETINGS

Two senior staff meetings were held during the year with all administrators and medical directors from all mental health and psychiatric services, as well as representatives of the Metropolitan Mental Health Planning Board and the Nova Scotia Division of the Canadian Mental Health Association.

CONSULTATION

The Division consultants continue to provide internal and external consultation in their respective areas of expertise.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

COMMUNITY HEALTH NURSING

Community Health Nursing priorities are the promotion of health and the prevention of illness for all Nova Scotians. Attainment of these priorities is through provision of service to clients (individuals, families or communities) by Community Health Nurses and Certified Nursing Assistants. Within the seven Health Units, approximately 240 staff are employed and are located in 60 offices. This year continues to witness a significant change in staff and in the evaluation of programs.

Family Health provides education and service to a variety of populations. The prenatal population receives services through classes (approximately 26,000 contacts) and home visits (4,000 contacts); the post-partum population (approximately 12,000 contacts) is educated through home visiting. In addition, such services such as nutrition, child supervision and assessment are provided to families.

School and Health Promotion services are provided by Community Health Nurses. Educational sessions on a variety of topics such as pediculosis, AIDS, personal hygiene, lifestyle and communicable disease are provided to students, teachers and parents. Peer Assisted Learning Smoking Prevention Program (PAL) has been implemented provincially and has met with great success. In addition, screening services which include Enhanced Vision and Hearing Screening are provided to the preschool and referred student population.

The Immunization/Communicable Disease Control Programs continue to be busy with the provision of immunization, surveillance of communicable disease, specimen collection and education provided by Community Health Nursing staff.

With the provincial Coordinated Home Care Program (CHCP) being announced in June 1987, the Community Health Nursing Division has been actively involved in the development of the program. The CHCP involves five government departments: Community Services, Health and Fitness, Housing, Municipal Affairs and Senior Citizens' Secretariat.

Implementation of the CHCP has been achieved in major portions of 16 counties. The target population of the CHCP is seniors, the disabled and families at risk. Community Health Nursing is responsible for the health component of the functional assessment of clients requesting services. Delivery of nursing services has been contracted to the Victorian Order of Nurses in areas served by the VON and will be delivered by Community Health Nursing in areas not served by the VON. Volunteer initiatives are integral to the program.

This year the CHCP has witnessed activity in the development of policy guidelines, assessment instruments and a reference manual, training for assessors and provincial service delivery guidelines. The above has been achieved through the commitment and collaboration of all departments involved and shows marked potential for becoming a leading program in Canada.

Follow-up assessment within the Mental Health/Psychiatric Program continues with approximately 7,000 contacts being made.

As well, professional development programs continue to be offered to Community Health Nursing staff to ensure professional and current practice. Development of professional performance standards has been undertaken.

HEALTH PROMOTION & FITNESS

In 1988 the Division was restructured and a new Director's position was established. Health promotion was recognized as a key component of the Department's overall health strategy. Its ability to address a wide range of factors that impact upon health and improve the health of Nova Scotians was emphasized.

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The Department's health education and promotion programs are designed to improve the health status of the population by focusing on the major preventable causes of ill health. Programs are developed in consultation with health-related agencies/organizations and professional associations throughout the province. It is through these promotional activities that Nova Scotians will realize a decrease in the level of morbidity; an increase in longevity; and an improved quality of life with the opportunity for a reduction in long-term health care costs.

The major health promotion issues for 1988-89 include:

HEALTHY LIFESTYLE PROMOTION PROGRAM - A major program launched in December 1988 was the Healthy Lifestyle Promotion Program. The primary objective of the program is to encourage each individual to take responsibility for his/her own health. The program will seek: to create public awareness about healthy lifestyle choices through an extensive multi-media campaign; to educate the population at large and high-risk groups on how to make healthy lifestyle choices; and to foster participation in making these choices. The primary program areas include: nutrition, smoking cessation, physical activity and stress management. It will be evaluated over a three-year period.

"KEEP CLEAN WITH THE GLEAM TEAM" - This was the theme of the 1988 Dental Health Month activities. Mighty Molar, Tasty Paste, Betty Brush and Gloss MacFloss were the new contemporary cartoon characters used to bring the dental health message to elementary students throughout the province. Throughout April, the Gleam Team and dental hygienists visited schools to encourage better dental care and dental safety. The Department's dental hygienists distributed Gleam Team posters, stickers, pencils, comics and an activity sheet. In many areas the hygienists were in great demand by teachers to conduct their dental fairs and puppet shows within their schools.

"CHANGING REALITIES OF WORK...CHALLENGE TO INNOVATION" - This was the theme for the second annual Work and Well Being Workshop organized in conjunction with the Nova Scotia division of the Canadian Mental Health Association and other members of a provincial Work and Well Being Committee. The workshop attracted chief executive officers interested in learning how other companies have been successful in the development of human resources. It proved to be an excellent opportunity to share and explore the various approaches for enhancing employee productivity as well as creating a stimulating work environment.

During 1988-89 the Work and Well Being Committee began planning the first annual Work and Well Being Awards Dinner to be held June 14, 1989, co-sponsored by the Department of Health and Fitness. Awards will be presented to employers, unions, associations and individuals recognized for making a major contribution to the work and well being movement.

"HEALTH FOR ALL, ALL FOR HEALTH" - This was the theme for Canada Health Day 1988 (May 12). Health Units throughout the province worked with their local hospitals in organizing health fairs, displays and open houses designed to encourage individuals to pursue healthy lifestyles. The Department cooperated with the Nova Scotia Association of Health Organizations in a media campaign promoting these activities and challenging Nova Scotians to make a contract with themselves to decrease at least one ill health behavior.

IMMUNIZATION MONTH - November was again declared Immunization Month in Nova Scotia. New research and developments brought changes to the Department's immunization schedule. The hemophilus influenza type B (HIB) vaccine intervals were changed to 18 months and the measles, mumps, rubella (MMR) vaccine for children lowered to 12-15 months. The rubella booster for 11-year-old girls as well as the diphtheria, polio, tetanus booster for 11-year-old boys and girls were both eliminated due to the effectiveness of the initial vaccinations.

The Department's month-long media campaign continued with its emphasis on the importance of rubella vaccinations for those contemplating pregnancy.

SMOKING AND HEALTH - This topic continued to be a priority issue of the Department during 1988-89. On September 1, 1988, all Department of Health and Fitness facilities throughout the province were officially declared smoke-free.

Community Health Nurses continued to promote and inservice the Peer Assisted Learning Kits (PAL) to grade 6 teachers throughout the province. Utilization of this program in Canada was greatest within Nova Scotia.

For National Non-Smoking Week (January 12-18, 1989) the Department, with assistance from the Nova Scotia Lung Association, Air Canada and Air Nova, extended its Weedless on Wednesday Corporate Challenge to all workplaces in the province with occupational health nurses. Fifty-two workplaces participated in the challenge, with more than 13,500 employees signing up. Just over 4,400 smokers accepted the challenge with 2,090 being successful in not smoking during work hours on Weedless on Wednesday (January 18). Awards were presented to hospital and non-hospital work places.

Throughout the year the Division was an active member of the Nova Scotia Council on Smoking and Health; the Nova Scotia Safety Council, Board of Directors; the Work and Well Being Committee, Canadian Mental Health Association – Nova Scotia Division; The Association for the Advancement of School Health Education (A.A.S.H.E.); Mental Health Month Planning Committee (C.M.H.A. –Nova Scotia Division), the Department's Prenatal Education Review Committee and the Strengthening Community Health Project.

FITNESS - Several fitness-related initiatives were undertaken as part of the Healthy Lifestyle Promotion Program. They were undertaken to promote awareness of the concept of health promotion through active living and to facilitate communication between the community and the Department.

A Community Fitness Advisory Committee was formed with representation from all provincial Health Unit regions and from all levels of fitness development, e.g., small and large facilities management, municipal recreation directors, fitness practitioners.

The first issue of the *Health and Fitness Newsletter,* a quarterly publication, was distributed to 3,500 Nova Scotians, including all general practitioners, school boards, and fitness practitioners.

CONSULTATION/ADVISORY ASSISTANCE - The Fitness Consultant is often asked for advisory assistance on a wide range of fitness-related issues. Of particular significance is the growing number of companies seeking advice regarding fitness and health promotion programming in the workplace.

The Division responds to numerous requests for fitness resource materials from fitness and health practitioners as well as the general public.

SPECIAL PROJECTS - Canada's Fitweek is an annual national campaign designed to promote fitness through increased awareness and participation in Fitweek events. In 1988 there were an estimated 224,000 people in 203 communities in Nova Scotia participating in Fitweek events.

FEDERAL/PROVINCIAL COOPERATION - The Department of Health and Fitness was the host of the Atlantic Provinces Consultation on Strategic Development of Canadian Youth and Physical Activity. Six government departments met to address the feasibility of national strategy to deal with this issue. Forty-five youth leaders from throughout the province also participated in a session to determine the potential for provincial involvement in a national strategy.

NUTRITION SERVICES

Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nutritionists provide guidance and information to professionals and community agencies as well as directly to the public. Typical activities are the design and execution of workshops, prenatal and infant feeding classes, pre-retirement planning seminars and regular contact with citizens through use of the media.

The primary program emphasis at this time is maternal and child health. Consequently, nutritionists work routinely with health professionals and voluntary agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liaison is maintained with Day Care Services Section of the Department of Community Services.

The promotion of breast-feeding is a major priority for many nutritionists, who work closely with other health unit staff to offer education and guidance to prospective new parents.

Nutrition Services is a major source of printed nutrition information for professionals and the public. *Year One, Food For Baby* was developed by Nutrition Services and is distributed by community health nurses and nutritionists to parents of all newborns in the province. Health professionals report that motivated parents use *Year One, Food For Baby* daily. *After Year One: A Guide For Parents* was developed as a sequel to Year One to help parents develop good food choices in children aged 1-6 years.

Nutrition Services has also developed a resource entitled *The Nova Scotia Eater's Almanac* which is a practical guide to nutrition for consumers in Nova Scotia.

Community nutritionists actively promote the need for nutrition education among school decision makers. This year, services included teacher workshops, resource lending services (such as films, books), surveys of adolescent eating habits for district school boards and training for school food service staff. Nutrition Month, a nutrition promotion campaign for elementary school children, is also planned and executed by Nutrition Services. In 1989 a focus on heart health resulted in the development of *The Healthy Heart Nutrition Squad* comic book, which was sent to every grade 4 student in the province. In addition, special summer programs, such as Nutrition In The Park have been co-ordinated by Nutrition Services in several health units. This program is designed to promote healthy food choices with school-aged children through the use of games, stories and special activities.

Nutrition Services provides a consultative role to the Department of Community Services, Day Care Services. Community nutritionists review menus in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In 1988-89, nutrition education for senior citizens was a priority program for many community nutritionists. In keeping with this priority, *The Senior Chef*, a 12-part video education program, was used by three health units with enthusiastic responses in all communities reached.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Territorial Group on Nutrition, day care centre boards, Nova Scotia Nutrition Council, The Nova Scotia Heart Foundation and boards and committees of other professional associations at the local, provincial and national levels. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

EPIDEMIOLOGY

Communicable disease surveillance, and the formulation of related control policies, continues to be one of the major activities of Epidemiology. Sexually transmitted diseases (STDs), such as gonorrhea, chlamydia trachomatis and acquired immune deficiency syndrome (AIDS), are maintaining their status as a major public health problem. Thirteen cases of AIDS were reported during 1988, compared to 16 cases during 1987, bringing the total to 42 cases since January 1983. In addition, approximately 150 asymptomatic individuals have been reported as testing positive for the AIDS virus (HIV), since the test was made available in November 1985. Although we continue to have new cases reported, the rate of increase appears to be levelling off and Nova Scotia continues to rank a distant fifth when compared to other Canadian provinces. A significant amount of time continues to be spent on modifying control measures for preventing the spread of AIDS. Participation has increased on various advisory committees – particularly the Nova Scotia Task Force on AIDS which filed a report in September 1988.

Another area which is a major activity of Epidemiology is surveillance of vaccine-preventable diseases and evaluation of the Department's immunization program. There were no reported outbreaks of common vaccine-preventable diseases during 1988. Promotion of annual influenza immunization has become increasingly important, especially for high-risk individuals. This province experienced only moderate influenza activity in 1988. A significant outbreak of hepatitis B attributed to injectable drug use occurred in the Cape Breton Health Unit.

Epidemiology has maintained a major involvement in non-communicable diseases, particularly cardiovascular disease, cancer and birth defects. Surveillance for birth defects (congenital anomalies) began in July 1985 when Nova Scotia joined the other Canadian provinces that participate in the Canadian Congenital Anomalies Surveillance System. This information system is co-ordinated nationally by the Laboratory Centre for Disease Control in Ottawa. Epidemiology continues to participate in the Nova Scotia Heart Health Project, a collaborative endeavor involving federal and provincial health agencies, Statistics Canada, universities and the volunteer sector.

DENTAL

The Department of Health and Fitness continued operation of the Dental Program during the fiscal year ending March 31, 1989 by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health and Fitness provided preventive dental services aimed at preschool and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and the community level. This part of the program is being emphasized by the Department due to its impact in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program. In line with increased emphasis on prevention, new initiatives have been undertaken through school-based fluoride rinse programs.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

AMBULANCE SUBSIDY PROGRAM

The Ambulance Advisory Board was established by Order in Council in 1971 to assist the province in the administration of the financial assistance program to ambulance operators. The Board is appointed by, and makes recommendations to, the Minister of Health and Fitness on all aspects of ambulance services in the province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day-to-day management of the Ambulance Subsidy Program.

The Director is responsible for ensuring that all residents of Nova Scotia have reasonable access to ambulance service, using safe vehicles and appropriately qualified personnel. The Director is responsible for negotiating an agreement between the ambulance operators of Nova Scotia and the province on a yearly basis and, subsequently, for administering the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program, which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1988-89 a total of 68,153 calls were subsidized totalling $10,636,746.92; included in these figures are calls which were listed in Accounts Payable and will be paid in the current fiscal year 1988-89. The total calls for 1988-89 represent an increase of 2.8 per cent over the total calls performed in 1987-88.

PUBLIC HEALTH ENGINEERING

The Division of Public Health Engineering provides health-related engineering services, both as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The Division includes eight regional public engineers and a specialist public health engineer, who report to the Director of Public Health

Engineering. Regional public health engineers perform duties as specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting and coordinating the technical plans, policies, procedures and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction and extensions to these projects are reviewed by the public health engineers prior to departmental approval being given.

The Division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the Division.

Educational and instructional activities are a major portion of the work program of the Division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid-waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the Division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by Division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

RADIATION INSPECTION

The main effort of staff of this Section is directed towards radiation inspections of hospitals, dental offices, research facilities and industrial premises. Occupational exposure records are maintained and evaluation of radiation risk to workers, hospital or dental patients and the public continues. In addition, radiation surveillance of the environment continued. Radon measurements confirm that there are very few areas of concern in Nova Scotia, and no related health problems. The staff of this Section gave lectures, attended seminars and met with their federal, provincial and international counterparts.

PUBLIC HEALTH INSPECTION

The functions of the Division of Public Health Inspection are carried out through the seven health units in the province.

Inspectors are located strategically in 27 offices throughout the province, where they are able to provide service and consultation to boards of health, municipal bodies, other departments of government (both federal and provincial) and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measures to protect the health of the community, the main duties of the Division are grouped under a number of headings, including: monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas, including eating establishments, food shops, pasteurization plants, milk and milk products and bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection staff continue to be very active in the field of public and food handler education. Food handler education courses were offered to eating and food shop establishment operators as well as to food handlers in hospitals, homes for special care and food server training schools.

Nova Scotia continues to lead all other provinces in the training of food handlers leading to national registration under the Canadian Restaurant Association Program. During 1988, emphasis was placed on the development of various guidelines to include homes for special care and day care centres, which now constitute an ever-increasing part of the inspection program. Again during 1988, in cooperation with the Public Health Engineering Section, refresher courses for sewage disposal installers were continued throughout the province with special emphasis placed on the amended Technical Guidelines for On-Site Sewage Disposal Systems which are being used as a supplement to the Nova Scotia Regulations Respecting On-Site Sewage Disposal (1985).

During 1988, a concentrated effort was placed on the assessment of the quality of convenience foods sold through various outlets and which included vacuum-packed sandwiches imported from other provinces. The bacteriological quality of such foods was determined to be very satisfactory. A continuing effort was also placed on the maintaining of therapy tubs and swimming pools and the surveying of recreational facilities.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1989 for the various health care services that are the responsibility of the Department of Health and Fitness. A comparison is made of the costs for the year just ended with those of the previous 12-month period ended March 31, 1988. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the Department for approved services and equipment in hospitals totalled $653,633,545 in 1988-89, an increase of 7.7 per cent over the previous period, including new and expanded programs. The increase for 1988-89 was slightly less than the 6.0 per cent increase in 1987-88.

The amount of $17,545,033 for construction grants is significantly higher than the amount spent in 1987-88. During the fiscal year 1988-89 major projects were carried out at St. Martha's (Antigonish), Dartmouth General, Queens General (Liverpool), Bayview Memorial (Advocate Harbour), Nova Scotia Rehabilitation Centre (Halifax) and New Waterford Consolidated hospitals.

The final group of expenditures on the schedule is the operating budgets for the programs and policies of the two areas of administration and community health. Included here are all costs for the Community Health Services Division. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $51,074,164 in 1988-89, an increase of 15.1 per cent over the previous year. Generally, this increase is accounted for by the effects of higher outlays for discretionary grants and the ambulance subsidy program.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $699,131,271 for the fiscal year ended March 31, 1989. The major causes of the 8.5 per cent rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the Department from the sale of birth, death and marriage certificates.

The Division of Finance is responsible for the third-party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown. The 2.4 per cent increase in the amount recovered for 1988-89 is indicative of the higher average value of the fewer claims settled during the year, which decreased from 2,615 in 1987-88 to 2,396 in 1988-89.

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EXPENDITURES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1988 AND MARCH 31, 1989

	March 31 1988	March 31 1989	% Inc. (Dec.)
HOSPITAL SERVICES			
General Hospital Services	$552,040,180	$593,260,874	7.5
Psychiatric Services	44,072,622	47,826,986	8.5
Capital Equipment	10,538,263	12,545,685	19.0
	$606,651,065	$653,633,545	7.7
HOSPITAL CONSTRUCTION			
Capital Debt Assistance	$ 4,006,221	$ 6,112,124	52.6
Construction Grants	15,399,183	17,545,033	13.9
	$19,405,404	$23,657,157	21.7
HEALTH ADMINISTRATION & PROGRAMS			
Administration	$17,220,054	$19,527,210	13.4
Community Health	27,151,539	31,470,167	15.9
Capital Equipment	18,498	76,787	315.1
	$44,390,091	$51,074,164	15.1
TOTAL EXPENDITURES	$670,446,560	$728,364,866	8.6
Deduct			
Out-of-Province Recoveries	$24,552,796	$27,870,359	13.5
Third Party Liability Claims	1,280,176	1,310,611	2.4
Heart Health Recoveries	--	52,625	N/A
N.S. Task Force on AIDS	75,000	---	N/A
	$25,907,972	$29,233,595	12.8
Net Expenditures	$644,538,588	$699,131,271	8.5
REVENUE			
Vital Statistics	$490,352	$411,919	(16.0)

THIRD-PARTY LIABILITY RECOVERIES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1988 AND MARCH 31, 1989

	March 31 1988	March 31 1989
Files carried open as of April 1	2,290	2,433
New files opened during the year	2,758	2,702
Total files under examination and negotiation	5,048	5,135
Files closed during the year	2,615	2,396
Files remaining open as of March 31	2,433	2,739
Breakdown Of Recoveries		
Hospital Claims	$1,091,175	$1,110,971
Medical Claims	189,001	199,640
TOTAL RECOVERIES	$1,280,176	$1,310,611

38 DEPARTMENT OF HEALTH AND FITNESS

INFORMATION SYSTEMS AND RESEARCH DIVISION

The Systems and Research Division provides a wide range of technical and professional services within the Department. During the last few years some changes have taken place resulting in the need to reorganize the Division and to change its name. As of April 1, 1989 the Division will be known as Systems, Research and Planning. Following are highlights of activities that occurred in 1988-89.

PROGRAM PLANNING

The strategic planning process continued with a second update of the initial 1986 plan. The 1988 version included detailed proposals for actions in most program areas that would enable the Department to achieve its priority objectives. The number one priority continues to be to increase the emphasis placed on preventative measures to improve the long-term health status of Nova Scotians. Priorities for this Division include the need to expand the use of evaluation techniques by program managers, and the improvement of information systems within the Department and in hospitals.

HEALTH HUMAN RESOURCE PLANNING

The health manpower section is responsible for the planning and monitoring of health human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, with a view to developing more comprehensive provincial health manpower policies to correct any perceived resource imbalances.

A provincial review of the health manpower planning process was commenced in the fall of 1988. The review attempted to examine the impact of issues such as funding, legislation, proliferation of health disciplines and the retention and distribution of health care workers on the supply and demand for health human resources. The report is expected to be completed by mid-summer, 1989.

A comprehensive provincial review of the supply and demand for physician manpower to the year 2000 was initiated and is slated for completion by early fall, 1989. The principal thrust of the review is to examine the various policy options available to manage physician manpower resources.

Category	1988	1989	% Change
Physicians	1,623	1,700	4.7
Dentists	376	402	6.9
Certified Nursing Assistants	3,388	3,307	-2.4
Registered Nurses	9,570	9,623	0.55
Physiotherapists	262	286	9.2
Pharmacists	648*	681*	5.1

*Active, registered practitioners.

PROGRAM EVALUATION AND RESEARCH

Occupational Therapy

A review of the pattern of practice of hospital-based occupational therapy services for adults with physical dysfunction was completed. This research was supported by the National Health Research Development Program (NHRDP).

Quality Assurance

A workshop to address the methodological issues in evaluating hospital-based quality assurance programs was funded by NHRDP. Leading health researchers were invited to Halifax for a two-day workshop to address these issues. A grant application was subsequently prepared for submission to NHRDP for the December 1, 1988 grant competition.

Gastro-Intestinal Group

The study to evaluate the effect of the establishment of the GI unit at the Halifax Infirmary was completed.

Axis 5 Study

At the request of the Psychiatric Mental Health Division, a study was developed to test the reliability of outcome measures currently in use as part of the Diagnostic and Statistical Manual (Axis 5). This measure is commonly referred to as the Global Assessment Scale (GAS). Results should be available in the fall of 1989.

Geriatric Day Hospitals

A proposal to review Geriatric Day Hospitals in the province has been developed and will be implemented in the summer of 1989.

Diabetes Education Programs

A process evaluation of Diabetes Education Programs is being developed with the expectation of implementation during the summer of 1989.

New Hospital Programs

In conjunction with the Institutions Division, a questionnaire was prepared seeking evaluation information on all new programs funded in 1988-89.

DEPARTMENTAL COMPUTER SYSTEMS

The principal computer acquisition by the Department for this fiscal year was the purchase of a Data General 7800XP minicomputer system, which will be used to provide an integrated health planning database for the Department.

A Desktop Publishing computer system was acquired for Office Services for production of print-quality manuals. No other computer equipment was purchased.

Mainframe system development consisted of the Out-of-Province Patient Reciprocal Billing project with work done by the Department of Government Services. The work on the hospital financial information system consisted primarily of enhancements to conform to the new national hospital MIS standards. The Department participated with Community Services, among other departments, on the development of a feasibility study for a Home Care Information system.

Microcomputer systems developed include: a Colposcopy database for the VG Hospital, a Smoking Cessation database for Community Health, and a Casual Employee database for the Personnel Office.

HEALTH CARE STATISTICS

This section is responsible for the collection, computerization, maintenance and distribution of health care information.

Community Health Nursing data and Public Health Inspection data are supplied to the Division on diskettes. The total number of nursing records processed was 426,000. The total number of inspection records processed was 70,000.

The acute care hospitals sent approximately 162,000 patient separation forms to the Department and there were approximately 112,000 psychiatric out-patient visits throughout the year.

There were approximately 300 ad hoc requests for information processed throughout the year, and over 4000 routine reports produced.

HEALTH RECORDS CONSULTING

This position provides a resource to hospitals on activities relating to patient registration, collection of patient data and other health record management functions.

This year assistance was given with:

- plans to integrate patient charts between Sydney City and Sydney Community Health Centre (formerly St. Rita Hospital);
- initiation of a pilot project for six medical record departments to begin workload measurement;
- investigation into improved methods to manage record systems, i.e., optical disk technology for storage and retrieval;
- redesign of Day Surgery reports and comparison with the Canadian database;

- standardized chart forms for Obstetrics and Newborns in conjunction with the Provincial Reproductive Care Program;
- investigation on the need to redefine Day Surgery cases;
- preliminary review of the current A/S reporting system.

Provincial hospitals were visited as required and three consulting visits were done in Newfoundland and Labrador. Two educational seminars were also provided for health record personnel in the province.

HOSPITAL COMPUTER SYSTEMS

The primary activities of this section were the provision of systems consulting to health institutions and the coordination of computer hardware and software installations and software support services for these institutions. Support for financial systems continued to be supplied by local private vendors under a provincial contract, while a group operating out of the Halifax Infirmary provided support for the 16 hospitals using the provincially licensed Patient Administration software.

In 1988-89 four additional hospitals were given approvals to purchase multi-user computers for financial applications, bringing the total to 35. Many more were granted upgrades to their existing equipment to add applications.

Through their Shared Information Services Department, the Grace Maternity Hospital and the Izaak Walton Killam Hospital contracted for a full-function Patient Information System and began implementation. There was also significant progress made by the Victoria General Hospital and Camp Hill Medical Centre in establishing a shared service for their hospital-developed Patient Information System. This included construction of a data centre at the Abbie Lane Building and agreement with the hardware vendor on the terms of a Facilities Management contract.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, to provide vital statistical data from the records filed under this statute as the need arises, and to assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 525 copies of order for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registration of adoptions numbered 438.

During the year notations completed on records totalled 2,020, of these 715 were charged fees. A total of 308 legitimation procedures were completed.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 2,569 queries from the office.

The Division received 42,862 letters, with outgoing letters of inquiry totalling 42,404.

Changes of name completed under the Change of Name Act totalled 358 for the year, with 149 duplicate certificates of Change of Name being issued.

Clergymen of all denominations newly registered under the Solemnization of Marriage Act to perform marriages in the province totalled 305. Clergymen whose names were removed from the Clergymen's Register during the year numbered 159.

The number of counter applications used for services was 19,131.

Delayed registrations of birth, being registrations completed more than one year following the date of birth, were completed and filed for 444 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,227
Deaths	7,502
Stillbirths	73
Marriages	6,875

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

1988	
Type of Certificate	Total
All Certificates	45,178
Birth (Short Form)	0
Birth (Long Form)	2,594
Birth (Wallet-Size)	35,681
Death (Short Form)	1,896
Death (Long Form)	337
Marriage (Short Form)	1
Marriage (Long Form)	0
Marriage (Wallet-Size)	1,536
Photocopies	3,133

Searches of records for which a count was maintained totalled 46,531. Many hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Because tabulations of details from the records of vital occurrences for the year 1988 cannot be completed until after this report will have been printed, specific causes of death and other detailed data cannot be included here. Such details will be available at a later date directly from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, B3J 2M9, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1988-89 the Department added a net of 87 positions to the establishment with an estimated cost increase of $2,665,975 (see Tables 1 and 2). There were 62 approved vacancies in 1988-89, compared to 42 in 1987-88. The major reason for the large increase in both established positions and approved vacancies was the advent of the Home Care Program. During the year, 77 people were appointed on a casual basis to replace staff for reasons such as maternity leave and fill-ins for vacant positions for periods of time. This is a decrease of four from the previous year.

The Department, in cooperation with the Civil Service Commission, provided 42 employees with short course training in such areas as pre-retirement planning, supervisory techniques and developmental courses for secretarial staff.

Seven employees retired from the Department of Health and Fitness during the year with an average of 24 years of service per employee. They were:

Shirley Brothers	–	Laboratory Consultant Health Care Institutions
Honora Considine	–	Certified Nursing Assistant Atlantic Health Unit
Henrietta Haley	–	Stenographer Cape Breton Health Unit
Barbara Leonard	–	Consultant in Dietitics Health Care Institutions
Frank McGrath	–	Assistant Supervisor, Public Health Inspectors Atlantic Health Unit
Barbara McKay	–	Certified Nursing Assistant Fundy Health Unit
Judy Pelletier	–	Coordinator, Training Disabilities Deputy Minister's Office

TABLE 1
ESTABLISHED POSITIONS

	March 31/88	March 31/89
Field CHNs and CNAs	202	210
Inspectors	67	67
Engineers	9	9
Dentists	2	2
Dental Assistants	1	1
Dental Hygienists	23	23
Nutritionists	7	11
Clerical	147	153
Consultants, Technical and Administration	86	97
Maintenance	1	1
Home Care Program	0	58
TOTAL	545	632

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1, 1988 - March 31, 1989

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS,DPP)	2	0	$158,770.	$0
Professional Management (MCP,OIC)	6	1	313,627.	$42,008.
Professional & Technical (PR, TE, HSB)	4	0	160,630.	0.
Clerical (CL)	8	2	147,790.	40,278.
Nursing (HSN, HSA)	9	0	286,069.	0.
Inspection (TE)	0	0	0.	0.
Nutrition (PR)	4	0	125,317.	0.
Dental (TE, HSB)	0	0	0.	0.
Maintenance (MOS)	0	0	0.	0.
Home Care Program	68	11	1,799,025.	252,967.
TOTAL	101	14	3,001,228.	$335,253.
NET ADDED	87	0.	$2,665,975.	

TABLE 3
VACANCIES

	April 1, 1987 to March 31, 1988	April 1, 1988 to March 31, 1989
Consultants, Technical and Administration	7	11
Training Positions	0	1
Nursing	10	27
Engineering (Inspection)	1	1
Dental	2	1
Nutrition	1	0
Clerical	21	21
TOTAL	42	62

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/87 to Mar 31/88	April 1/88 to Mar 31/89	April 1/87 to Mar 31/88	April 1/88 to Mar 31/89
Deputy Minister's Office (including Personnel Division and H.S.I.C.)	5	2	7	1
Health Care Institutions	1	3	0	3
Finance Division	4	2	5	3
Systems, Research and Planning	1	1	1	1
Psychiatric Division	1	0	1	0
Community Health Administration (Central Office and Health Units)	5	9	3	6
Nursing Services	8	19	3	7
Engineering Division (Engineers and Inspectors and Occupational Health)	1	1	1	1
Dental Division	1	1	2	2
Nutrition Services	1	1	1	0
Vital Statistics	7	8	4	9
Home Care Program	0	15	0	2
TOTALS	35	62	28	35

Home Care Program was established in the 1988/89 fiscal year.

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health and Fitness since October 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health and Fitness on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), operation of general hospitals, operation of psychiatric hospitals and mental health centres, and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health and Fitness. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts and other documentation for consideration by the Executive Council, Policy Board and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital and the Nova Scotia Hospital.